

# Mark-to-Market Non-HUD-Held/Non-PPC Closing Summary

Form 7.13

Date: \_\_\_\_\_ Scheduled Closing Date: \_\_\_\_\_

The PAE must submit this form to OMHAR HQ Closing Team via fax two days prior to closing. On closing day, the Closing Escrow Agent must fax to the OMHAR HQ Closing Team the following:

- executed mortgage restructuring note and mortgage,
- executed contingent repayment note and mortgage,
- final sources and uses (Exhibit F),
- property tax bill (or prop tax page from title policy), if no takeout financing
- IRS Form W-9
- OMHAR Form 7.16 Mortgagor Information Certification
- final settlement statement
- If 236 Re-Use, attach copy of 236(s) Grant Agreement and Re-Use Schedule
- If TPA, attach copy of Assignment/Assumption Agreement

The following information must be consistent with Restructuring Commitment.

## **I. Property Information:**

Existing FHA Number: \_\_\_\_\_

Property Name:

Address: (include Zip Code and County)

Older Assisted or Newer Assisted: O or N Existing Section of the Act:  
(Circle one)

HUB Office (address):

Owner's Name:

Address:

Phone:

Fax:

Project's Management Co.:

Billing Address:

Contact Person:

Phone:

Fax:

If TPA, add Selling Owner's information:

Owner's Name:

Address:

Phone:

Existing Mortgagee Name:

FHA I.D. #

Contact Person:

Phone:

Fax:

New Mortgagee Name:

FHA I.D.#

Contact Person:

Phone:

Fax:

Closing Escrow Agent:

Contact Person:

Phone:

Fax:

Title Company:

Contact Person:

Phone:

Fax:

Post Closing Rehab Escrow Contractor (Cash Manager):

Contact Person:

Phone:

Fax:

Post Closing Rehab Escrow Contractor (Administrator):

Contact Person:

Phone:

Fax:

## **II. HUD Held Loans (post-restructuring):**

<b>Ranking (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) show below</b>	<b>Type</b>	<b>Amount</b>
	Mortgage Restructuring Note	\$
	Contingent Repayment Note	\$
	Total Amount	\$
<b>Comments:</b>		

**III. Other Factors**

<b>X</b>	<b>Check any applicable factors and provide stated information:</b>
	<b>Excess Residual Receipts will be used to paydown existing balance in the amount of</b> \$ _____
	<b>Excess Reserves for Replacement will be used to paydown the existing balance in the amount of</b> \$ _____
	<b>If TPA, is new owner qualified for waiver of M2M notes?</b>

**IV. Restructured Loan Information (must check one):**

<input type="checkbox"/> Modified \$ _____ (new principal balance)	<input type="checkbox"/> Refinanced with FHA Loan \$ _____ New FHA# _____ Section of the Act: _____
<input type="checkbox"/> Paid In Full (no takeout financing)	<input type="checkbox"/> Refinanced with Non-FHA Loan \$ _____
<b>Take-out financing (or modified loan amount) plus Mortgage Restructuring Note =</b> \$ _____ (Note: Total cannot exceed current UPB)	

**V. Post-Closing Escrow Accounts**

Initial Deposit to Reserve for Replacement Account (IDRR) \$ \_\_\_\_\_ Taxes: \$ \_\_\_\_\_

Residual Receipts \$ \_\_\_\_\_ Hazard Insurance \$ \_\_\_\_\_

Monthly Deposit for Reserve for Replacement Account \$ \_\_\_\_\_

**VI. OMHAR Contact Information:**

Relationship Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Regional Closing Coordinator : \_\_\_\_\_ Phone: \_\_\_\_\_

<b>OMHAR Regional Directors:</b>		
Chicago	Harry West, Acting	(312) 886-4133
Washington, D.C.	John Prusch	(202) 260-2746
New York	Rick Daugherty, Acting	(212) 822-8900
San Francisco	Mary Anne Cottmeyer	(415) 436-8550
Transaction Center	Donna Rosen	(202) 260-2746

*(When applicable, insert Acting Regional Director's name)*

**VI. Management Certification:**

A Management Certification IS IS NOT (circle one) required in this transaction. Attach copy, if applicable.

**VII. Certification:**

I hereby certify that the above information is consistent with the Restructuring Commitment and the mortgagee's information.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
OMHAR Regional Director